## Supplemental Application Data Sheet

Application Information

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None

Computer Readable Form (CRF)::: No

Number of copies of CRF:: 0

Title:: NETWORK DEVICE CONFIGURATION

Attorney Docket Number:: PIP0114PUSA 4502-1085

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

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## Applicant Authority Type:: Inventor Primary Citizenship Country:: Status:: Full Capacity Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: Country of Residence:: Street of Mailing Address:: City of Mailing Address:: State or Province of Mailing Address:: Country of Mailing Address:: Postal or Zip Code of Mailing Address:: Applicant Authority Type:: Inventor Primary Citizenship Country:: Status:: Full Capacity Given Name:: Middle Name:: Family Name:: Name Suffix:: City of Residence:: State or Province of Residence:: Country of Residence:: Street of Mailing

Applicant Information

Address::

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City of Mailing Address::				
State or Province of Mailing Address::				
Country of Mailing Address::				
Postal or Zip Co	de of Mailing Add	ress::		
Correspondence I	nformation			
Correspondence Customer		00466		
Number::				
Representative Information				
Representative Customer		00466		
Number::				
	>			11.00
Domestic Priority Information				
Application::	Continuity	Parent		Parent Filing
	Type::	Application::		Date::
This application	National Stage o	f PCT/NZ03/00265		12/1/03
	·			
Foreign Priority Information				
Country::	Application	Filing Date::	Priority	
	Number::		Cla	aimed::
NEW ZEALAND	523378	12/24/02	Yes	3
Assignment Infor	mation			
Assignee Name::				
Street of Mailin	g			
Address::				
City of Mailing Address::				
State or Province of Mailing Address::				
Country of Mailing Address::				

Postal or Zip Code of Mailing Address::

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